



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

SUPPLEMENTAL REPORT – INFLUENT & PROCESS CONTROL

Facility Name: U. S. Steel Fairless Hills Facility
Municipality: Falls Township County: Bucks
Watershed: 2-E

Month: _____ Year: _____
NPDES Permit No.: PA0013463
Renewal application due **180 days** prior to expiration
This permit will expire on November 30, 2026

Day	Influent					Process Control				
	Flow (MGD)	BOD5 (mg/l)	BOD5 (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)	[FORMTEXT]	[FORMTEXT]
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31										
Avg										
Max										

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: [FORMTEXT]
Title: [FORMTEXT]

Signature: _____
Date: [FORMTEXT]



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
2. For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ or BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). Calculate loads by multiplying daily average flow (MGD) by daily average concentration (mg/l) and a conversion factor of 8.34. If an influent flow meter is not in use, you may use results from an effluent flow meter.
3. For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems, and total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.